

LOSS OF APPETITE AND WEIGHT LOSS

This leaflet aims to answer frequently asked questions about appetite and weight loss when the person you are caring for is very ill. Some patients may also find this information helpful.

1. Why have they stopped eating? I keep cooking appealing dishes and they just push them away.

Many people with serious illnesses such as cancer or heart failure lose their appetite as they become less well. Sometimes there is an obvious cause like having a sore mouth which medication can help. However, very often the illness itself causes the loss of appetite. It can be very hurtful if the person you are caring for pushes away food, especially when you have taken the trouble to make something they like, but it is important to remember that it is not meant to offend you. They just don't feel like eating, and often feel bad about that themselves. It may help to talk to the nurse or doctor about how it makes you both feel.

2. Why does it happen?

Many cancers and some other illnesses make the body produce chemicals which break down muscle and fat faster than it should. These chemicals also 'trick' the part of the brain that controls appetite into thinking that the person is full after only a few mouthfuls or even after no food at all. These chemical changes will only go away if the underlying illness is successfully treated.

3. But won't they starve to death if they don't eat?

The answer is **no**. Changes that occur in the human body during severe illnesses such as advanced cancer or heart failure are completely different from those that happen in healthy people who have been forced to starve. In advanced illness, people can start to lose weight even when their appetite is fairly normal because the body is no longer able to use the food it is given to build itself up. This is why the appetite gets smaller – the body seems to recognize that it can no longer cope with food. Surprisingly, people with advanced illness often live for some time after they have stopped eating completely, although it is often one of the signs that the person is beginning to get less well.

4. Are there alternative feeding methods? What about 'drip' or 'tube' feeding?

We know from research that neither drip nor tube feeding will make most people with advanced cancer put on weight or live any longer. Feeding via tube through the nose into the stomach (nasogastric tube) or directly through a hole into the stomach (gastrostomy) is provided for some people who have an appetite but are not able to eat properly, but this is only done in specific circumstances. Drip feeding (given into a vein called TPN or total parenteral nutrition) is done very rarely and usually for just a short time, for example after some types of bowel surgery. It is not helpful to people with advanced illness.

5. What will happen to someone who is already being fed through a tube? Will their food be stopped?

At any time an ill person has the right to say that they want to stop being artificially fed and to have the tube removed. If they get less well, their appetite may also get smaller, and decisions may then have to be made about whether artificial feeding should be stopped.

If they become too ill to make that decision, the doctors and nurses will make careful assessment and discuss fully with the patient's family the right thing to do. The ultimate responsibility for decisions about starting and stopping artificial feeding rests with the senior doctor caring for the patient.

Sometimes it can do more harm than good to carry on feeding. The sort of harmful effects that could happen when someone is very weak and in the last few days of their life include regurgitation, sickness and food spilling over into the lungs ('aspiration').

6. Things that may help

- . Offer small meals or snacks spread out over the day, rather than large meals that can be unappetizing.
- . Don't worry too much about balanced meals, a little of what you fancy does you good.